

*A Comparative Inquiry on the Heredity and Social Conditions among Certain Insane, Mentally Defective, and Normal Persons.

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INTRODUCTION.

†This inquiry was made with the object of comparing the heredity and social conditions of a certain number of Insane, Mentally Defectives and Normal persons.

Sixty cases were taken in each group. The first group was composed of adult patients from the London County Council Asylums; the second, of High Grade Mentally Defective children from Special Schools; and the third, of Normal children from the ordinary Elementary Schools.

The investigation was carried out, under the direction of Dr. Mott, at the Pathological Laboratory of the London County Council Asylums Committee at Claybury,‡ where records of the Laboratory and of the various L.C.C. Asylums were available in following up Insane cases.

It was desirable to take all the cases from the same neighbourhood in order to have a fair basis for comparison of the social conditions, and the parish of Bethnal Green was chosen as a typical industrial district, and one in which we would have facilities for carrying out the investigation thoroughly. It was also interesting as the parish in which less General Paralysis of the Insane was shown in the L.C.C. returns than in any of the other London parishes.

By the courtesy of the Education Sub-Committee, permission was given to make the inquiry in certain L.C.C. schools.

To Dr. Mott thanks are due for frequent help and advice throughout the inquiry.

Selection of Cases.—The cases were selected as follows:—

Group "A" (Asylum Patients).

Sixty patients in the London County Asylums who had children of school age.§

* Reprinted by kind permission from the Second Annual Report of the Board of Control for the year 1915. Part II. The statistical data have been omitted but can be seen by referring to the original report.

† The expenses of the inquiry were defrayed by a Research Grant of 300*l.* from the Board of Control.

‡ Now removed to the Maudsley Hospital, Denmark Hill, S.E.

§ Cases of alien origin within the last two generations were omitted from the inquiry on account of the difficulties of investigation; and also a few persons whose relatives were not domiciled in Bethnal Green, and whose records it would therefore not be practicable to follow up. Otherwise names of patients in the L.C.C. Asylums having children of school age were taken off the register, and no other selection was made.

Group "D" (Mental Defectives).

Sixty mentally defective children:—

1-20	from	Abbey St. Special Sch. M.D.,	South Ward.
21-40	„	Daniel St.	„ „ Central B. Gr.
41-60	„	Mowlem St.	„ „ East Ward.

Group "N" (Normals).

Sixty normal children from Elementary Schools:—

1-10	from	Cranbrook Rd. Elementary Sch.,	East Ward.
11-20	„	Somerford St.	„ „ South „
21-40	„	Daniel St.	„ „ Central B. Gr.
41-50	„	Hague St.	„ „ South Ward.
51-60	„	Mowlem St.	„ „ East „

These schools were taken as typical of different districts in Bethnal Green, Mowlem Street and Hague Street draw their pupils from a good class of home on the whole, and Cranbrook Road and Somerford Street from very poor neighbourhoods. The Daniel Street children seemed representative of the central part of Bethnal Green.

It was particularly important that no bias should be shown in the selection of the cases. We did not want a selection of "interesting" mentally defective children, nor, on the other hand, particularly good normal cases. The object was to see how the families of an unselected group of mentally defective children would compare with a similar number of average Elementary School children.

A chance method was therefore adopted by taking the first, or the tenth, or the last, &c., name off the register in each case. One or two cases were omitted which the Head Teachers considered would be difficult or unsuitable to investigate, either because very little information was available, or because they did not think the information would be reliable. The names were taken in the first place from the Infant School Registers, and older brothers, sisters, and cousins were traced in the Boys' and Girls' Departments.

Sources of Information.

Asylums Records.—Asylum records and case books provided Medical particulars of the cases and also names and addresses of relatives who had visited the patients, and Dr. Mott's "Relatives' Index" proved most useful, and formed the nucleus for a number of the larger pedigrees and many of the patients themselves were interviewed at Claybury.

Guardians' Records.—The Asylum cases had necessarily all passed through the Guardians, who investigate their families with a view to maintenance, and their records gave valuable and accurate information both in regard to the family histories and the social conditions of the cases. In the other two groups also (Mental Defectives and Normals) whenever a case was known to the parish these case papers were referred to.

School Records and Head Teachers' Reports.—The registers, Care Committee case papers, and medical cards supplied much of the necessary information about the school cases, and we would like here to acknowledge the help received from the Head Teachers, whose intimate

knowledge of the children, and often of their home conditions, was invaluable.

Medical Officers' Reports.—By the courtesy of Dr. Hamer, the Chief Medical Officer of the L.C.C. Education Department, an interesting contribution was made to this part of the inquiry by Dr. Chaikin and Dr. Parson, who sent detailed reports on the mental and physical conditions of the Mentally Defective cases, having made special examinations of these children for the purpose. A brief summary of their notes is given in Appendix III.

Hospital Records.—Hospital cases occurring on the pedigrees have been followed up wherever possible, and we are particularly grateful to the Lady Almoner of the London Hospital (the hospital most generally used by the Bethnal Green population) for placing the case papers in her department at our disposal. These papers contain a considerable amount of information about the home conditions of the patients as well as medical notes.

Reports from Social Workers.—Finally, various social workers were consulted in the course of the investigation. Much valuable information, especially in regard to social conditions, came to light from these sources, which it would not have been possible to obtain in any other way, as it is apparent that those who had worked in the neighbourhood for a number of years must know much more about the history of individual cases than it would be possible to discover in isolated visits. Considerable importance was attached to this assistance, and records of various societies which had dealt with cases we were interested in were referred to. We are particularly indebted to the Hon. Secretaries of the Charity Organisation Society, the Invalid Children's Aid Association, the East London Friendly Workers among the Poor, and the Registrar of Mutual Assistance, among many others who gave ready and courteous help. It was indeed found throughout the inquiry that the question roused much interest, and is regarded as a serious and growing problem by social workers in the poorer and more crowded districts—where undoubtedly these mentally defective and insane stocks tend to congregate.*

Nature of the Investigation.—The chief points considered in the family history of each case were—

Whether there was any history of insanity, mental deficiency, alcoholism, tuberculosis or epilepsy in the pedigree.†

The age of onset of insanity.

The type of insanity or mental defect.

Whether the patient had previously had asylum treatment, and, if so, whether children had been born in the interval.

* For a detailed analysis of this process, see an article by one of us (E. J. L.) in "Eugenics Review," April issue, 1912.

† It was quite impossible in an inquiry of this nature to collect reliable data in regard to syphilis and venereal disease. In a few cases it was reported, and in some others the family history left little room for doubt that it was present. But in a large majority of the cases there was no means of obtaining information. The question of the extent of the influence of venereal disease in these cases has therefore been omitted altogether as without the scope of the present inquiry.

The number of children living, and, when obtainable, the total number of conceptions, noting miscarriages, still-births and deaths in early infancy.

The general intelligence of other members of the family.

Social conditions:—

The occupation and wage-earning capacity of the father of the family.

Whether the mother worked, or there were older children helping to support the home.

When obtainable, the rent paid and the number of rooms occupied.

The condition of the home, and care, cleanliness and clothing of the children.

Whether the children were necessitous, *i.e.*, granted school meals.†

Whether the family was in receipt of parish or charitable assistance.†

It was not possible to obtain information under all these headings in all cases. As much as possible has been collected and tabulated. When it was not possible to obtain reliable data, no statement has been made. The charts, therefore, show a minimum of information, but it is accurate as far as it goes. There is certainly no *less* defect, pauperism or dependence on charitable assistance than is shown, though it is quite probable there is more in all three groups.

In the Asylum cases longer pedigrees were obtained on the whole than in either of the other groups. This is largely due to the fact that official data, both of Guardians and Asylums, could be referred to for each one of these cases, as every one in this group was necessarily on both sets of records. Moreover, it was found that the relatives of insane patients readily assisted the investigators, and that corroboration of their statements was obtainable, because the records in these cases are well kept.

Turning to the Mentally Defective group, it was found that 34 out of the 60 families had applied to the parish. We could therefore refer to these records in more than half the cases. The families in this group were also very generally known to various charities and societies in the neighbourhood.

In the Normal group 19 cases only were known to the Guardians, (but not so well known), nor were they so well known to local charities. Reliable data has, therefore, been more difficult to collect in the Normal group as a whole.

In regard, however, to the very cases in which we found difficulty in obtaining data, we had, on the other hand, some very valuable negative information. We were able to ascertain that they had not received relief from the parish or from any charitable agency in the neighbourhood, at least since 1899; that no member of the immediate

† School meals and parish or other relief granted in the autumn of 1914, during the first weeks of the war only, have not been taken into account, as such relief was purely temporary, and due to the exceptional circumstances then prevailing.

family was in an Asylum or on a Special School register; and that it had not been necessary for them to apply for meals for the children at their schools. This negative evidence alone tended to point to such families being self-supporting and of normal mental and physical calibre.

TABLE I.
Insanity and Mental Deficiency.

Group (60 in each).	Insane Relatives reported.	M.D. Relatives reported.
Insanes	30	15
M.D.'s	8	22
Normals	1	3

Insanity and Mental Deficiency.—Reference to Table I. shows that in the Asylum group 30 patients had insane relatives. In the Mentally Defective group insanity was reported in 8 cases, and in the Normal in one.

While it is admitted that there may have been, and indeed probably were, unreported cases of insanity in all three groups, it does not seem likely, with the sources of information used, that any large proportion should have remained undiscovered. It may, at any rate, be said that *insanity was very much more prevalent in the pedigrees of insane persons than among the mental defectives, and it was comparatively seldom found in the family histories of the average elementary school child.*

The medical diagnosis of each case, with a list of insane and mentally defective relatives, is given in Appendix III. Out of the 60 Insanes 15 showed Mental Deficiency in their pedigrees. Ten of these had mentally defective children (one being an epileptic imbecile—A 26—and the other 9 high grade educable mental defectives).

Of these ten insane parents who had mentally defective children, five (A 1, 12, 16, 21, 24) were patients suffering from mania; three were melancholics (A 20, 26, 38); one was an epileptic (A 8); and one (whose child was deaf and dumb)—A 23—had “confusional insanity.”

Another epileptic patient (A 27) had an epileptic child who was not certified as Mentally Deficient, and was attending a normal school pending his removal to an epileptic colony.

A group of 60 patients, however, containing such varied forms of insanity hardly lends itself to a study of the connection of mental deficiency with particular types. A comparison of the children of a certain number of epileptics with the children of an equal number of patients suffering from melancholia or from mania might lead to interesting results, but the comparatively small numbers here dealt with, while enabling us to follow up the individual cases in greater detail, do not permit of any statistics in this direction.

The age of the patient at the onset of insanity is noted in the first column of this table, and the age at the birth of a mentally defective child in the last. It is seen that in five cases out of the ten having mentally defective offspring, the mentally defective child was born shortly before the onset of insanity, and in one between the first and second attacks.

Among the 60 Special School children, 22 were reported to have mentally defective relatives, as compared with the 15 in the Insane group.

In considering, however, the proportion of mentally defective and insane relatives, certain difficulties in collecting data in regard to the former should be borne in mind. Comparatively few mental defectives were reported in the earlier generations. This is easily understood when it is remembered that there was no official record of high grade mental deficiency before the opening of the Special Schools in the early nineties. Very obvious cases of defect might be mentioned by relatives or could be judged by the manner and mode of life of individuals; and a few younger brothers and sisters of the parents were discovered on the early registers of the Special Schools. But it is doubtful whether anything approaching the number who would have been recorded in this generation are shown in the pedigrees in the past generations. Lunatics, on the other hand, are all recorded, and can be traced on Asylum and Guardians' books for two or three generations back.

Relatives of Mental Defectives.—In the Mentally Defective cases it was very noticeable that as a rule we not only had the Special School child, but the intellectual standard of the whole family was frequently low. That the father was not a skilled workman was evidenced by his low wage-earning capacity; the mother's want of mental capacity was shown in the muddled and badly managed home; and brothers and sisters of these children in the elementary schools were more often than not reported "backward" and "dull."

Children Born in Intervals of Attacks of Insanity.—Eight (1 male and 7 females) out of the 60 cases were treated for *2nd attacks* of insanity. Of these, 6 had children in the interval, viz., A. 14, 15, 24, 28, 50, 58. The total number of these children was 17. Six of them died in infancy (one being starved to death), and one was mentally defective. Four of these patients are now at liberty, having been discharged recovered.

Two (females A. 12 and A. 59) were treated for *3rd attacks*. One of these had four children between the 1st and 2nd attacks, and a miscarriage between the 2nd and 3rd.

Two (females A. 55 and A. 56) were treated for *4th attacks*. One had three children between the 1st and 2nd attacks; one (which died in infancy) between the 2nd and 3rd attacks; and one miscarriage between the 3rd and 4th. She is now "discharged recovered."

The other had one child between the 1st and 2nd attacks; 8 (of which 3 were still-born) between the 2nd and 3rd attack, and 3 (one died in infancy) between the 3rd and 4th.

That is to say, that of the 12 patients who had been treated for more than one attack of insanity, 9 had children in the intervals. Of the 34 children born, 8 died in infancy and 26 are living. Five still-births and miscarriages were also reported, but this figure ought probably to be higher.

Imbeciles.—The imbeciles that are segregated are for the most part found under the control of the Metropolitan Asylums Board, and are not

admitted to the L.C.C. Asylums, but to Caterham, Leavesden, and Darenth. It is possible that a similar 60 parents in these Asylums would show a larger proportion of imbeciles in their families than the 60 insanes in the L.C.C. Asylums. It is interesting to note that there were few cases of imbecility connected with this set of insane patients from the L.C.C. Asylums.

Alcoholism.—The amount of indulgence in alcohol was extremely difficult to gauge. It was quite apparent that a number of the cases, markedly in the Asylum and Mentally Defective groups, drank more than was good for them, and that their children and homes suffered, often intensely, both directly and indirectly in consequence.

While it is obvious that the lack of control which is so common a feature of insanity and mental deficiency leads to over indulgence in alcohol, and that many of these people undoubtedly were heavy drinkers, it is also probable that less alcohol would be required to produce ill-effects among the insane and feeble-minded stocks than among more normal people; and that although many cases might not be "heavy drinkers" the smaller amount they took would be more disastrous in its results than a larger quantity would be to their normal neighbours.

In fact the question seems to be as much one of the quality of the person indulging in alcohol as of the quantity taken.

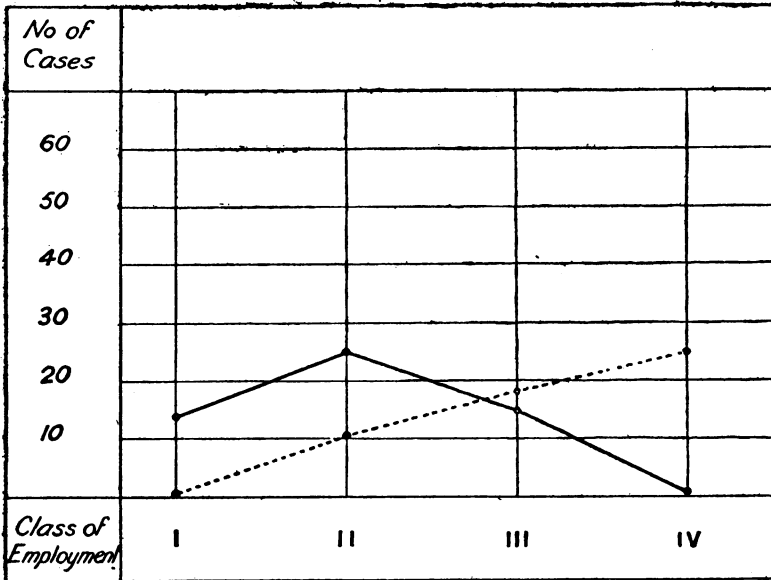
Tuberculosis.—Tuberculosis was reported in about one quarter of the Mentally Defective histories, and about one-sixth of the Asylum and Normal groups; but as no steps were taken to correct these figures by official data (as was the case in dealing with insanity and mental deficiency), little reliance can be placed on the numbers of cases reported in the different groups. One was inclined to suspect a considerable amount of unreported and untreated tuberculosis in the Mentally Defective group, due largely, no doubt, to the ignorance or apathy of the parents.

Tubercular hips or knees were noted in the same fraternity in eight out of the 60 Mentally Defective cases.

Epilepsy.—In regard to epilepsy also the data is so incomplete as to be of very little value. It was reported in the family histories of 8 Asylum cases, 4 Mentally Defective cases, and 1 Normal. But the figure for the Mentally Defective cases, at any rate, is probably higher. Convulsions in infancy were frequently mentioned, and it seems likely that some proportion of these may have been epileptic in nature.

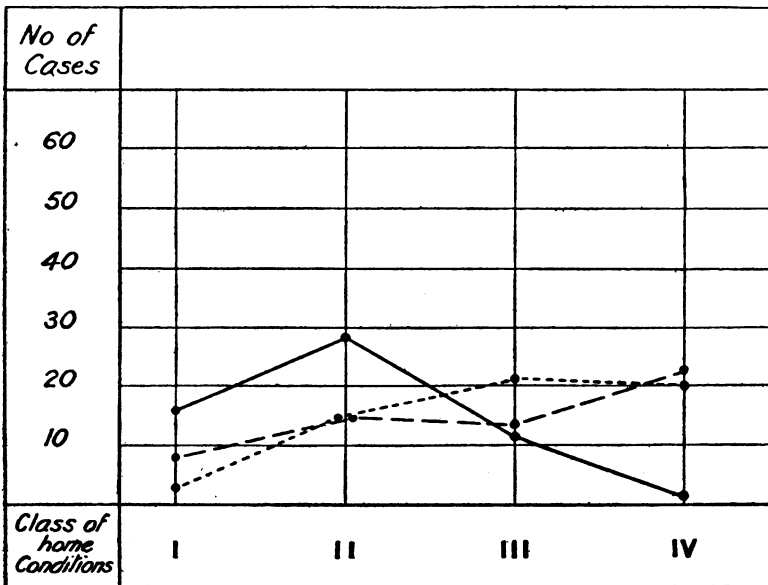
Size of Family and Infant Mortality.—Wherever possible, the total number of conceptions (noting deaths in infancy, still-births, and miscarriages) was obtained; but in an inquiry in which information on these points was voluntarily given, or collected from chance medical or hospital reports, the data was limited. There is no doubt, however, that on the whole the families are considerably larger in some of the Insane and in the Mentally Defective cases than in the Normals; while deaths in infancy, still-births, and miscarriages were higher in the two first groups, and, in fact, were seldom reported in the normal families. It was equally obvious that the remainder of living children

TABLE IIA.
Occupation of Parents.



— = Normals = M.D.s

TABLE IIIA.
Home Conditions.



--- = Insanes — = Normals = M.D.s

in such families could not be compared in quality with the normal families.

The actual loss of child life was by no means the only wastage remarked in connection with these abortive conceptions and deaths in early infancy. A woman, such as the mother of D 16, who has had 20 conceptions, with only 9 living children; or D 6, with 15 conceptions and 7 living children, must have been frequently ill, in the end of lowered vitality, and a constant drain on the family resources. This is bound to react on the children. Her weakened vitality not only tells physically on the younger members of the family—among whom mental defectives are often found—but it also results in her inability to look after the health and well-being of the children.

So that such families are probably not only less vigorous physically as a consequence of the strain on the mother's strength, but also tend inevitably to suffer more or less from neglect and even privation. And although in the families in which a high death-rate in infancy prevails the average number of living children may only be slightly larger than that of more normal families, one does not expect, and does not find, that the remainder of living children can be compared in mental and physical vigour to those of an originally smaller and more healthy family.

The care and maintenance of such children is an almost continuous charge upon public and charitable funds, and on them appears to be expended a much larger share of our national wealth than on potentially healthy and useful citizens.

TABLE II.
Occupation of Parents.

	Normals.	Mental Defectives.	Insanes.
Class I. - - - - -	14	2	(8)
„ II. - - - - -	25	11	(16)
„ III. - - - - -	15	18	(18)
„ IV. - - - - -	4	25	(20)
Class of occupation not known - - -	2	4	(1)
Total - - - - -	60	60	60

Occupations of Parents.—The occupations* and wages of the fathers were roughly divided into four cases:—

- I. Those in regular skilled or responsible employment earning from 30s. and upwards.
- II. Those in regular employment earning from 25s. to 30s.
- III. Those whose employment was not highly skilled or not regular, earning from 20s. to 25s.
- IV. Casuals and men frequently out of work earning under 20s.

Table II. shows the proportion of fathers in the Asylum, Mentally Defective, and Normal groups respectively that fall into each class. It is seen that only 2 fathers of Mental Defectives are in Class I., whilst 25 are in Class IV. It seems evident, therefore, that the standard of em-

* Pre-war.

ployment is distinctly higher in the normal families, while casuals, unskilled labourers, and men frequently out of work, form a very considerable proportion of the fathers of Mental Defectives.

The class of occupation is also given in the Asylum cases, and the average standard appears to be between these two extremes. But any useful comparison with this group is rendered difficult by the fact that we have only 29 male patients, and the remaining 31 fathers whose occupations are given are the husbands of female patients.

Occupation of Mothers.—Regular employment among the mothers is more often seen in the Normal than in the Mentally Defective group. Few of the latter go out daily to work, though many do what might be termed “casual” work at home—a little washing, mangling, or boot work, box-making, &c., all very badly paid. Some also do occasional charring, but they do not attain to “office cleaning.” One mother in this group kept a small shop (D. 59); one (D. 39) was a caretaker in an institute; and another (D. 28) was in the paper-bag trade. But these were the only three doing regularly paid work. On the other hand, in the Normal group, 16 mothers were reported to be in regular employment. The more capable and prosperous mothers of the Normal group seem more often to earn regularly than the poorer mothers in defective families.

In the Asylum group, as one would expect, many of the mothers, who were wives of insane husbands were found in regular employment, as the onus of supporting the home fell chiefly upon them.

Chief Industries of the District.—The chief industries in the district are cabinet making (with such allied trades as French polishing, turning and glass bevelling) and boot making. The large neighbouring railway stations and the food markets at Spitalfields, Billingsgate, and Smithfield draw carmen and porters from Bethnal Green. There are a number of costers, who each occupy their own “pitch,” and many of whom are prosperous, and of hawkers, who are of a different and more casual type. Tailoring, French polishing, boot and shoe work, and box making employ large numbers of women and girls.

The old and once flourishing weaving industry has almost died out in the neighbourhood, though there are still a few factories and a handful of staunch adherents working on hand looms in houses that were specially built for the trade in its more prosperous days (their names often witnessing their Huguenot descent).

TABLE III.
Home Conditions.

	Normals.	Mental Defectives.	Insanes.
Class I. - - - - -	17	3	8
Class II. - - - - -	29	15	15
Class III. - - - - -	12	22	13
Class IV. - - - - -	2	20	22
Home conditions not known - - - - -	—	—	2
Total - - - - -	60	60	60

Home Conditions.—In order to make a comparison of the standard of home conditions in the three groups, the homes were classed as follows:—

- I. A home in which there was not only sufficient and suitable food, clothing and necessities for the family, but also some surplus for home and personal comforts.
- II. One in which the means were sufficient to feed the family and clothe them tidily, and where necessary furnishings were seen.
- III. One in which the food was barely sufficient, the clothing poor and poverty was shown in the meagre furnishings.
- IV. A home in which the food was quite inadequate, the clothing very poor, and bare necessities were lacking.

In the Normal group, 17 homes were placed in Class I. (*see* Table III.) and two in Class IV. In the Mentally Defective cases only 3 fell into Class I. and 20 into Class IV., and there were 8 families of the Asylum group in Class I. and 22 in Class IV.

Apart from the question of poverty, the care and cleanliness of the homes and children were also noted. Among the Normals 10 were reported as careless, dirty, or neglected in these respects; but in the Mentally Defective group there were 30 such homes, and among the Insane cases 20.

TABLE IV.
Parish Relief.

—	No. of Cases on Parish.	Once only for Medical Relief.	More frequent or more substantial Relief.
Group "D" - -	34	6	28
Group "N" - -	19	12	7

Parish Relief.—In the Normal group, out of the 60 cases 19 were known to the Guardians (*see* Table IV.), 12 of these had applied once and for medical relief only; the remaining 7 having received more substantial relief.

Among the mental defectives 34 were known to the parish, 6 of these applied once for medical relief alone, while 28 (as compared with 7 in the Normal group) had been in receipt of more frequent relief.

The Asylum group naturally showed considerable pauperism. Partly because the parish bears the cost of maintenance of the lunatic patients, and also on account of one or other parent being absent from the home in each case. In 11 families children were at the parish schools.

Apart from these considerations, pauperism was very marked in certain of the pedigrees, both in the immediate family and among the relatives (*e.g.*, A. 12, 26, 44), about 30 receiving assistance not directly connected with the Asylum patient.

In Appendix IV. tables are given in which are worked out the cost

to the parish of the care and maintenance of various members in two pedigrees of the Insane group. They were chosen more or less at random as two typical cases in which the chargeability lay chiefly in Bethnal Green, and accurate figures were, therefore, obtainable. It is highly probable that if the pedigree could be more completely traced, further chargeability would appear. They are given, not as an estimate of the average cost of the maintenance of such families, nor as the most striking cases that could have been given, but are merely shown as examples of the drain that such stocks may be put upon the public funds.

CONCLUSIONS.

Mental Deficiency and Insanity.—A certain disassociation was seen between the types of stock that give rise to Insanity and those that give rise to Mental Deficiency. Pedigrees of Asylum patients showed considerably more Insanity than Mental Deficiency among the relatives. Conversely, Mental Deficiency was very much more prevalent than Insanity in the family histories of the Special School children.

There was more Mental Deficiency among the Asylum cases than there was Insanity among the Mental Defectives.

The Relatives of Asylum and M.D. Cases.—The general level of intelligence and health among the brothers and sisters of Special School children was poor, and distinctly below that of the Normal children.

The intelligence of the children of Asylum patients appeared to be more uneven, and though many were bright and intelligent, children who were erratic, unstable, dull, or backward, were frequently reported.

Employment and Social Conditions.—A great variety was seen in the type of stock in the Asylum group. There was some pedigrees in which the individuals were living independent, useful lives, working at good trades, earning good wages, and intermarrying with respectable families; the patients themselves earning their own livings and supporting their families before the mental breakdown occurred (*e.g.*, A. 29, 46, 54). There were at the other end of the scale pedigrees of families of a degraded type, the whole family low wage earners, frequently of loose morals, living in poverty stricken homes, and intermarrying with equally poor stocks. Such families had weakly, uncared-for children, and were intermittently on the parish (*e.g.*, A. 47, 44, 55).

Good trades and high wages were even less common, and were, in fact, rare, in the Mentally Defective group. Though there were some exceptions, the general level was poor, and there were many unskilled workers and casuals (*see* Table II.). There was a corresponding dead level of poverty in the home conditions of the majority of these cases, and the incapable (though often well meaning) mother was very conspicuous in this group. In few of the Asylum cases, and among still fewer of the Mental Defectives, could the home conditions be described as good, while one-third of the homes in each of these two groups were classed as "homes in which the food was quite inadequate, the clothing very poor, and bare necessities were lacking."

The Normal group showed a decided improvement in industrial conditions and in the care of the home and children, and there were very few cases of intense poverty or neglect.

Relief.—There was a very striking contrast in the dependence on parish and charitable assistance among the families of the Normal group on the one hand, and of the Insane and Mentally Defective groups on the other.

The Normals not only applied less often to the parish (*see* Table IV), but they were also less well known to charitable agencies. There was also, on the whole, a distinct difference in the degree of relief they received. The Normal cases more often than not applied on account of temporary sickness only, while in the other two groups relief was frequently sought for maintenance as well.

It seems then, that not only the Insane and Mentally Defective persons themselves, but very generally their immediate relatives also, are less capable of maintaining an independent existence than the relatives of the Normal cases.